



Texas Department of Insurance

Division of Workers' Comp

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NISAL CORP
P O BOX 24809
HOUSTON TX 77029

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-11-2174-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "TDI rule states that it is not enough for a carrier to file a TWCC denial code and that the carrier is required to submit claim specific language. Worker's compensation state fee schedule adjustment is the basis for the denials our facility has received. The denial code and their description are too vague for our facility to determine the basis for the denial. **This denial is not in compliance with Rule §133.3.**"

Amount in Dispute: \$400.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The claimant was participating in a pain management program on the disputed dates of service 8/20/10 and 9/8/10. "The Program Manager of that pain management program is G. Grimes, Ph.D." "Dr. Grimes is billing a code for a team conference and the documentation identifies it to be a team conference." "Section (e)(B) of Rule 134.204 states such conferences must be outside of an interdisciplinary program. By definition a pain management program is interdisciplinary." "Even though coding the conference with a W1 the conference does not appear to be outside the pain management program. Otherwise, why would the claimant's signature be on the team conference form unless the claimant was present for the pain management session that same day; and where else would all the team members be in the same physical location for the team conference." "For these reasons Texas Mutual believes no payment is due."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Highway 290, Austin, Texas 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 20, 2010 and September 8, 2010	99362-W1	\$400.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.204 set out the fee guideline s for the reimbursement of workers' compensation specific services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated November 30, 2010

- CAC-W1 –WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT.
- 892 – DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE.

Explanation of benefits dated January 21, 2011

- CAC-W1 –WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT.
- CAC-193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 724 – NO ADDITIONAL PAYMENT AFTER A RECONSIDERATION OF SERVICES. FOR INFORMATION CALL 1-800-937-6824.
- 744 – DOES NOT MEET THE DEFINITION OF CASE MANAGEMENT PER DWC RULE 134.202.

Explanation of benefits dated January 26, 2011

- CAC-W1 –WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT.
- CAC-193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 724 – NO ADDITIONAL PAYMENT AFTER A RECONSIDERATION OF SERVICES. FOR INFORMATION CALL 1-800-937-6824.
- 744 – DOES NOT MEET THE DEFINITION OF CASE MANAGEMENT PER DWC RULE 134.202.

Issues

1. Did the service provided by the requestor meet the definition of case management under 28 Texas Administrative Code, Section §134.204?
2. Is the requestor entitled to reimbursement for the services billed?

Findings

1. 28 Texas Administrative Code, Section §134.204(e)(1)(B) states "Team conference and telephone calls must be outside of an interdisciplinary program. Documentation shall include the purpose and outcome of conferences and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call." Review of the submitted documentation finds that the claimant was participating in an authorized pain management program. Therefore, in accordance with Division rule at 28 Tex. Admin. Code §134.204(e)(1)(B), the Division concludes that disputed service did not meet the definition of case management.
2. Reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	October 26, 2011
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.